



# **SENIOR CARE<sup>®</sup>**

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## **East Hartford**

### **Testimony of the Connecticut Association of Adult Day Health Centers To the Aging Committee**

**Regarding S.B. No 366 (Raised) Funding for Adult Day Health Centers  
Mary Ann Klember RN BSN, Director of Senior Care of East Hartford**

**February 10, 2011**

Good morning. My name is Mary Ann Klember and I am the director of Senior Care of East Hartford Adult Day Care. I am here to speak on behalf of Connecticut's 46 Adult Day Health Centers.

I thank you for your past and continued support of Adult day Centers and for the interest you have taken in touring and learning about the services we provide.

In the past, center representatives have presented a detailed list of the numerous health and social services our centers provide and their cost effectiveness.

We will continue to promote Adult Day as a community based service providing assistance with activities of daily living, special therapeutic recreational programs, nutrition, transportation, as well as comprehensive health services.

We will continue to speak about the cost of care at \$84 a day and the state reimbursement rate for a CT homecare client of \$66.22/day. This is a loss of \$17.78 per day per CT homecare client.

We will continue to emphasize the increasing costs for transportation; fuel and insurance prices have risen considerably and continue to rise. The state requires that we provide transportation with the cost included in our daily rate. We calculate 2 way transport to cost \$22 per day per client. This amount deducted from the current reimbursement rate of \$66.22 per client per day leaves \$44.22 per day to provide nursing services, assistance with bathing, toileting, and ambulation, and at a minimum 2 snacks and 1 meal.

Also, many of our centers are transporting from farther regions due to the closing of 18 centers over the past eight years.

We will continue to speak about the frailty and the increased needs of the clients that we serve; many of whom would require nursing facility placement or assisted living if it were not for the care and supervision provided by our centers.

AND, we continue to ask for a more realistic daily rate that will allow our centers to remain open to service those struggling to remain in the community, where they are happier.

The Money Follows the Person expansion will combine cost-effectiveness with improved life quality for those who can return to the community with supportive services. However, due to the low reimbursement rate, there are limited community based service providers. Where are these displaced nursing home residents to turn for services unless there is a more appropriate reimbursement rate allowing for providers to make investments and expand services.

I can tell you that we have had a few MFP clients and they have multiple medical and social needs, as well as a huge adjustment in their return to the community. We have the desire, the potential and the dedication to provide services, but we need an increase in the state rate that more closely represents our actual operating costs.

It is a well known fact that centers save Connecticut significant long term care dollars, and are a very cost-effective option for remaining in the community.

In November, 2010 a school teacher, Barbara, came to see me about her husband, Tom, a 63 year old retired admissions director who managed most of the family needs while Barbara continued to work for health care benefits. He was functioning well until about September at which time, he started exhibiting some bizarre behaviors: watering the flower garden at 12:30 in the morning, holding an umbrella, in the pouring rain, mowing a 10 foot patch of grass for 2 hours, going to the grocery store 25 times in one day and charging items: \$2.40...\$1.31...etc. The most dangerous behavior was a fixation with food: eating food out of the garbage, eating uncooked food, eating so much, so fast, he required the Heimlich maneuver 3 times in the past 2 months. He was in UCONN Hospital and could not be released until she had provided a 24 care and supervision plan. The diagnosis was dementia. The plan included attending our health center 5 x week while she worked. UCONN said Tom would "knock patients down" trying to get to the trays when meals were being served.

We do 1 staff with him at all meals, serving him about 1/3 of his meal at a time. We keep him very busy and involved to reduce his fixation on food. His wife was picking him up at the center after her work until she told us that when she is making dinner, he is grabbing the uncooked food. Now, we take him home later, so dinner is already prepared and ready to eat. Barbara is very grateful for our service. He is a challenge ...but think about his options...how could he be managed in a nursing facility? How could staff provide the necessary supervision and 1 on 1 assist to keep him safe? Would it be a locked unit and medication for this 63 year old man? We are grateful for every day that we are able to keep him HOME!!

I would be pleased to answer any questions. I can be contacted at (860) 568-9692 or at [easthartford@seniorcarectrs.com](mailto:easthartford@seniorcarectrs.com).

Thank-you.

Respectfully submitted,

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